

South Carolina Department of Disabilities and Special Needs

REQUEST FOR DETERMINATION OF CRITICAL/URGENT CIRCUMSTANCES

<p>DIRECTIONS:</p> <p>Fill in all blanks. Document must be typed.</p> <p>Add lines where needed to provide thorough justification.</p>	<p>1. CONSUMER IDENTIFYING INFORMATION:</p> <p>Name: _____ Date of Birth: _____</p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female SS#: _____ County: _____</p> <p>SC/EI: _____ SC/EI Phone Number/Ext.: _____</p> <p>Recommended Level of Service: SLP-I <input type="checkbox"/> SLP-II <input type="checkbox"/> CTH-I <input type="checkbox"/> CTH-II <input type="checkbox"/> ICF/ID <input type="checkbox"/> <input type="checkbox"/> HCB Waiver/In-home <input type="checkbox"/> CRCF <input type="checkbox"/> ECTH-1 <input type="checkbox"/> Alternative Placement</p> <p>Date of Home Visit: _____</p> <p><input type="checkbox"/> ID <input type="checkbox"/> RD <input type="checkbox"/> AUTISM <input type="checkbox"/> TBI <input type="checkbox"/> SCI <input type="checkbox"/> SD</p>																				
<p>Check the type of request and all categories below the type that apply.</p>	<p>2. DESCRIPTION OF CRITICAL/URGENT CIRCUMSTANCES</p> <table style="width: 100%;"> <tr> <th style="text-align: left; width: 60%;">CRITICAL</th> <th style="text-align: left; width: 40%;">PRIORITY I</th> </tr> <tr> <td><input type="checkbox"/> Abuse, Neglect or Exploitation</td> <td><input type="checkbox"/> Behavioral Challenges that cannot be effectively met</td> </tr> <tr> <td><input type="checkbox"/> Health & Safety of Consumer in Serious Jeopardy</td> <td><input type="checkbox"/> Medical Challenges that cannot be effectively met</td> </tr> <tr> <td><input type="checkbox"/> Health & Safety of Others in Serious Jeopardy</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Homelessness</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Recently lost primary caregiver</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Imminent risk of losing a primary caregiver</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Judicial Admission to DDSN</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Primary caregiver age 80 or over with diminished capacity</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table>	CRITICAL	PRIORITY I	<input type="checkbox"/> Abuse, Neglect or Exploitation	<input type="checkbox"/> Behavioral Challenges that cannot be effectively met	<input type="checkbox"/> Health & Safety of Consumer in Serious Jeopardy	<input type="checkbox"/> Medical Challenges that cannot be effectively met	<input type="checkbox"/> Health & Safety of Others in Serious Jeopardy	<input type="checkbox"/> Other	<input type="checkbox"/> Homelessness		<input type="checkbox"/> Recently lost primary caregiver		<input type="checkbox"/> Imminent risk of losing a primary caregiver		<input type="checkbox"/> Judicial Admission to DDSN		<input type="checkbox"/> Primary caregiver age 80 or over with diminished capacity		<input type="checkbox"/> Other	
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<p>Thoroughly, but succinctly, describe and justify the boxes checked. Use additional sheet if necessary.</p> <p>List a time frame of the frequency and intensity of behaviors as applicable</p> <p>List support services attempted, currently being provided, and services awaiting from all agencies involved</p>	<p>Explanation:</p>																				

I hereby certify that the above information reflects an accurate and complete summary of the situation. **I also certify that all efforts at the local level to resolve the situation without resorting to out of home placement have been explored and implemented.**

Case Manager: _____
Signature

Date: _____

Case Manager
Supervisor: _____
Signature

Date: _____

Executive Director: _____
Signature

Date: _____